

Form CLT-4S

2042 Montana S Comparation Information and Comparity Tay Beturn

## 2013 Montana S Corporation Information and Composite Tax Return

Include a complete copy of the federal Form 1120S and all related forms and schedules.

For calenda	r year 2013 or tax year beginning	M M D D 2 0 1 3 and endi	ng MM	DDYYY	Y
Mark all that apply: Initial return	Name	FEIN			
Final return			r number of:		
Amended return	Mailing Address	Sche	edules K-1 inclu	nded	
Refund return		Resid	dent sharehold	ers	
orana Constitution	City	State Zip Code + 4 Nonr	esident shareh	olders	
See online options at revenue.mt.gov		Othe	r types of shar	eholders	
State Incorporated in	on M M D D Y Y Y Y	Federal Business Code/NAICS			
MT Secretary of State II	0#	Foreign S corporations: date S corporation of certificate of authority from Montana Secretar		MMDDY	YYY
Sharahaldars' Dr	o Rata Share of Income Items (For	•			
	s income (loss)		1		00
•	state income (loss) (include federal Form				00
	ental income (loss)	•	00		00
•	m other rental activities (include detailed		00		
•	3b from line 3a. <b>This is your other net r</b> e		3c.		0.0
4. Interest income.			4.		0.0
5. Ordinary dividen	ds		5.		0.0
6. Royalties			6.		0.0
	apital gain (loss) (include federal Schedu				0.0
	pital gain (loss) (include federal Schedule				0.0
	gain (loss) (include federal Form 4797).				0.0
·	ss) (include detailed statement)				0.0
	igh 10 and enter result. This is your tota		11.		0.0
	stributive Share of Deduction Item				
	eduction (include federal Form 4562)				0.0
					00
	terest expense				00
	(2) expenditures (include detailed statem ons (include detailed statement)				00
	ons (include detailed statement) ough 12e and enter result. <b>This is your</b>				00
	from line 11. <b>This is your federal incom</b>				00
	stributive Share of Montana Addition				
	lividends not taxable under the Internal R		00		
	on income or profits		00		
<ul><li>c. Other addition</li></ul>	ns (include a detailed statement)	15c.	00		
Add lines 15a, 1	5b, and 15c; enter result. This is your to	tal Montana additions to income	15.		0.0
	S. government obligations (include detail		0.0		
<ul> <li>b. Deduction for</li> </ul>	purchasing recycled material (include Fo	orm RCYL)16b.	0.0		
	ons (include detailed statement)		0.0		
	6b, and 16c; enter result. <b>This is your to</b>				0.0
	15, then subtract line 16 from that result		17.		0.0
	Allocated Montana Source Income	•			
• • •	ned to Montana. Multiply line 17 X	% (see instructions)			0.0
	to Montana. Enter the income or loss al		•		0.0
20. Add lines 18 and	19; enter result. This is your total Monta	ana source income	20.		0.0



\*13DX0101\*

Form CLT-4S, Page 2		FEIN			
<b>Calculation of Amount Ow</b>	ed or Refund				
21. Enter your Montana total comp	posite tax from Schedule III, column	E		21.	00
22. Enter the amount of total share	eholder withholding from Schedule I	II, column F		22.	00
Withholding					
23. a. Total Montana mineral roya	Ity tax withheld (see instructions)	23a.		00	
<ul> <li>b. Mineral royalty tax withheld</li> </ul>	distributed to shareholders	23b.		00	
c. Subtract 23b from 23a. Mo	ntana mineral royalty tax withhel	d attributable to S	corporation	.23c.	00
24. a. Total Montana pass-through	n withholding	24a.		00	
b. Montana pass-through with	holding distributed to shareholders .	24b.		00	
c. Subtract line 24b from 24a.	Montana pass-through withholdi	ng attributable to	S corporation	.24c.	00
25. Add lines 23c and 24c. This is	the total withholding payments a	ttributable to S co	orporation	25.	00
Return Payments			•		
_	to 2013	26a.		00	
b. 2013 estimated payments		26b.		00	
c. 2013 extension payment		26c.		00	
-	-payments made with original returr			00	
	-previously issued refunds (see inst			00	
	then subtract line 26e. This is your				00
	tract lines 25 and 26f. This is your a	amount due or (ov	erpaid)	27.	00
Penalties and Interest (see in	•	00		0.0	
-	eturn late filing penalty			0.0	
	of estimated composite taxrn late filing penalty			0.0	
-				0.0	
				00	
	This is your total penalties and ir				00
Amount Owed or Refund	,				
29. Add lines 27 and 28f				29.	00
30. If line 29 results in an amount	due, enter it here. <b>This is the amo</b> ບ	nt you owe		30.	00
	e.mt.gov. If writing a check, make it	-			REVENUE.
	ent, enter it here. <b>This is your overp</b>	-	positive number	31.	00
	that you want applied to your 2014			0.0	
estimated tax	nd enter the amount here. <b>This is y</b>	32.			00
33. Subtract line 32 from line 31 al	The effect the amount here. This is y	our returia		55.	00
Direct Deposit Your Refund  1. RTN#		2. ACCT#			
	g direct deposit, you are required to	mark one box. <b>&gt;</b>	Checking		Savings
_,	refund going to an account that is loc	ated outside of the U	Inited States or its	territor	ies? Yes No
	, I declare that I have examined this pelief, it is true, correct, and complet		ccompanying sch	edules	and statements, and
Signature of Officer X	Date	Printed Name an	d Title		Telephone Number
Print/Type Preparer's Name	Preparer's Signature	Date		PTIN	1
		Date			
Firm's Name	Firm's Address	Tolor	phone Number	Firm'	's FEIN
I IIII O HAIIIO	i iiii 3 Addie33	IGIC	AND INCLUDE	1 11111	V. Liit
Mark if you <b>do not</b> need Form CLT-4S sent next year.	May the DOR discuss this tax returning Yes No	n with your tax prep	parer?		rk this box to receive ur Montana extension.



FEIN		-							
------	--	---	--	--	--	--	--	--	--

**Schedule I – Apportionment Factors for Multistate S Corporations** 

Enter amounts in columns A and B. Enter percentages in colum	ın C.	A. Everywhere	B. Montana	C. Factor
. Property Factor: Use average value for real and tangible personal p	roperty	<i>J</i> .		
1a. Land	.1a.	00	00	
1b. Buildings	.1b.	0 0	00	
1c. Machinery	.1c.	0 0	00	
1d. Equipment	.1d.	00	0.0	
1e. Furniture and fixtures		0.0	0.0	
1f. Leases and leased property		0.0	00	
1g. Inventories		0.0	0.0	
1h. Depletable assets	-	00	00	
1i. Supplies and other		00	0.0	
Property of foreign subsidiaries included in combined unitary group		00	0.0	
1k. Property of unconsolidated subsidiaries included in combined	, ij.	00	00	
unitary group	1k	00	0.0	
Property of pass-through entities included in combined unitary group		00	00	
1m. Multiply amount of rents by 8 and enter result		00	0.0	
Total Property Value add lines 1a through 1m		00	0.0	
		1 1 1	1	0/
Divide the total in column B by the total in column A. Multiply the resu	it by 1	00. Inis is your property	ractor1.	%
2. Payroll Factor:				
2a. Compensation of officers		00	00	
2b. Salaries and wages	.2b.	00	00	
Payroll included in:				
2c. Costs of goods sold	.2c.	00	00	
2d. Other expenses and deductions	.2d.	0.0	00	
2e. Payroll of foreign subsidiaries included in combined unitary group	2e.	00	0.0	
2f. Payroll of unconsolidated subsidiaries included in combined				
unitary group	2f.	0 0	00	
2g. Payroll of pass-through entities included in combined unitary group	2g.	00	00	
Total Payroll Value add lines 2a through 2g		0.0	0.0	
Divide the total in column B by the total in column A. Multiply the resu		00. This is your payroll f	actor. 2	%
3. Sales (Gross Receipts) Factor:	,			
3a. Gross sales, less returns and allowances	3a	00		
3b. Sales delivered or shipped to Montana purchasers:	. 04.	0 0		
(1) Shipped from outside Montana		2b (1)	0.0	
(2) Shipped from within Montana		30.(2)	0.0	
3c. Sales shipped from Montana to:		0 (1)	0.0	
(1) United States government		1 1	0.0	
(2) Purchasers in a state where the taxpayer is not taxable			00	
3d. Sales other than sales of tangible personal property (i.e. service		e) 3d.	0.0	
3e. Net gains reported on federal Schedule D and federal Form 4797		00	00	
3f. Other gross receipts (rents, royalties, interest, etc.)	3f.	0.0	00	
3g. Sales (receipts) of foreign subsidiaries included in combined				
unitary group	3g.	00	00	
3h. Sales (receipts) of unconsolidated subsidiaries included in				
combined unitary group	3h.	00	00	
3i. Sales (receipts) of pass-through entities included in combined	o.			
unitary group		0.0	0.0	
3j. Less: All intercompany transactions	-	00	0.0	
Total Sales Value add lines 3a through 3j		00	00	
Divide the total in column B by the total in column A. Multiply the resu	ilt by 1	00. This is your sales fac	ctor3.	%
. Add the percentages on lines 1, 2, and 3 in column C. This is the su	m of v	our factors.	4	9/
· · · · · · · · · · · · · · · · · · ·	_			7
5. Divide the total percentage on line 4, column C, by the number of fact there is a value in column A for a factor category (Property, Payroll or of the calculation (see instructions). Enter the results here and also in is your apportionment factor.	Sales)	), you should include this f	factor as part	n.

FUIIII GLI-43. Faut 4	Form	CLT-4S,	Page	4
-----------------------	------	---------	------	---

FEIN	_				

### Schedule II - Montana S Corporation Tax Credits

Тур	e of Credit	Amount of Credit
1.	Dependent Care Assistance Credit include Form DCAC	00
2.	College Contribution Credit	00
3.	Health Insurance for Uninsured Montanans Creditinclude Form HI	00
4.	Recycle Creditinclude Form RCYL	00
5.	Alternative Energy Production Creditinclude Form AEPC	00
6.	Contractor's Gross Receipts Tax Credit. If multiple CGR accounts, please mark here.	
	CGR Account ID:	00
7.	Alternative Fuel Credit include Form AFCR	00
8.	Infrastructure Users Fee Creditinclude Form IUFC	00
9.	Historic Property Preservation Credit include federal Form 3468	00
10.	Mineral and Coal Exploration Incentive Credit include Forms MINE-CERT and MINE-CRED	00
11.	Empowerment Zone Credit	00
12.	Film Production Credit include Form FPC	00
13.	Biodiesel Blending and Storage Creditinclude Form BBSC	00
14.	Oilseed Crushing and Biodiesel/Biolubricant Production Creditinclude Form OSC	00
15.	Insure Montana Small Business Health Insurance Credit  Business FEIN:	00
16.	Temporary Emergency Lodging Creditinclude Form TELC	00
Тур	e of Credit Recapture	Amount of Credit Recapture
17.	Historic Property Preservation Credit Recapture	00
18.	Film Production Credit Recapture	00
19.	Biodiesel Blending and Storage Credit Recapture	00
20.	Oilseed Crushing and Biodiesel/Biolubricant Production Credit Recapture	00

When attributing any credit or credit recapture from an S corporation to its shareholders, please use the same proportion the S corporation used to report each shareholder's income or loss for Montana tax purposes. Please include a detailed breakdown that shows each shareholder's share of the credit or credit recapture.

Please use Montana Schedule K-1 to notify each shareholder of the amount of credit available to the shareholder.

1 01111 061-40, 1 496 3	Form	CLT-4S	. Page	5
-------------------------	------	--------	--------	---

FEIN	
------	--

# Schedule III – Montana S Corporation Information Summary Schedule and Supplemental Information

Complete columns E, F or G if the shareholder is a nonresident individual, estate, trust or foreign C corporation. If electing composite tax, mark column E.

complete columns A unough D for all s	corporation. If electing composite tax, mark co					
Α	В	С	D	E	F	G
Name Street Address or PO Box City   State   Zip Code	Entity Type and Identification Number (FEIN or SSN) (see codes below*)	Residency Code (R/N)	Ownership %	Composite Income Tax (from Schedule IV, column H)	Shareholder Withholding (see instructions)	PT-AGF (year)
	Entity Type	□R				
	FEIN					
	SSN	□N		00	00	
	Entity Type	□R				
	FEIN					
	SSN	□N		00	00	
	Entity Type	□R				
	FEIN					
	SSN	□N		00	00	
	Entity Type	□R				
	FEIN					
	SSN	□N		00	00	
	Entity Type	□R				
	FEIN					
	SSN	□N		00	00	
	Entity Type	□R				
	FEIN					
	SSN	$\square$ N		00	00	
	Entity Type	□R				
	FEIN					
	SSN	□N		00	00	
Enter the totals of columns D, E and F from a	II additional pages, if used			00	00	
nter the totals of columns D, E and F				0.0	00	

Transfer the total from column E to Form CLT-4S, line 21. Transfer the total from column F to Form CLT-4S, line 22. Include all additional pages from line 8 with the tax return.

*Column B Entity Type Code	s:			
C – C corporation	E – Estate	F – Foreign C corporation	I – Individual	<b>T</b> – Trust



FEIN									
------	--	--	--	--	--	--	--	--	--

## Schedule IV - Montana S Corporation Composite Income Tax Schedule

#### Part I. Eligible Participating Shareholders

Enter the number of eligible participating shareholders. See instructions for more information about eligible participating shareholders.

#### Part II. Composite Tax Ratio Use the amount in column 3

to complete the calculation in column H below.

1	2	
Enter the amount from Form CLT-4S, line 14	Enter the amount from Form CLT-4S, line 20	
	0 20	

Divide column 2 by column 1

3

Part III. Enter below in columns A through H the required information and amounts for each eligible participating shareholder.

Α	В	С	D		Е	F	G	Н	
Name	Social security number or federal employer identification number	of federal income	of federal income		Exemption \$2,280	Montana taxable income – Subtract columns D and E from column C.	Enter the appropriate tax from the tax table below.		
1.		0.0		00	0	00	00	0	
2.		0.0		00	0	00	00	0	
3.		0.0		0.0	0	00	0.0	0	
4.		0.0		00	0	00	0.0	0	
5.		0.0		00	0	00	0.0	0	
6.		0.0		00	0	0.0	0.0	0	
7.		0.0		00	0	0.0	0.0	0	
8.		0.0		0.0	0	00	0.0	0	
9.		0.0		00	0	0.0	0.0	0	
10.		0.0		00	0	0.0	0.0	0	
11. Enter the total comp	osite tax from all additional page:	s, if used					11.	0	
		Add col	umn H lines	1 throu	gh 11 This is v	our total composite	income tax liability	0	

Transfer the amounts from column H to Form CLT-4S, Schedule III, column E.



Include all additional pages from line 11 with the tax return.

If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax
\$0	\$2,800	1% (0.010)	\$0	
\$2,800	\$4,900	2% (0.020)	\$28	
\$4,900	\$7,400	3% (0.030)	\$77	
\$7,400	\$10,100	4% (0.040)	\$151	
\$10,100	\$13,000	5% (0.050)	\$252	
\$13,000	\$16,700	6% (0.060)	\$382	
	More Than \$16,700	6.9% (0.069)	\$532	

Form	CLT-4S, Page 7 FEIN		
	Schedule VI – Reporting of Special Transactions		
appro	plete Schedule VI only if your small business corporation filed any of the federal forms described below priate box indicating which form(s) you filed with the Internal Revenue Service for this tax year. If you to one or more of these forms, you will need to include a complete copy of your federal tax return Fo	ur answ	er is
1.	The S corporation filed federal Form 8918 – Material Advisor Disclosure Statement with the Internal Revenue Service.		Yes
	Form 8918 is required to be filed by material advisors to any reportable transactions.		
2.	The S corporation filed federal <b>Form 8824 – Like-Kind Exchanges</b> with the Internal Revenue Service.		Yes
	NOTE: Mark the box if your like-kind exchange includes Montana property. Nonresidents do not have to report a like-kind exchange if the properties involved do not include Montana property.		
	Form 8824 is used to report each exchange of business or investment property for property of a like-kind.		
3.	The S corporation filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service.		Yes
	Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), Section 6038B (reporting of transfers to foreign partnerships) or Section 6046A (reporting of acquisitions, dispositions and changes in foreign partnership interest).		
4.	The S corporation filed federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service.		Yes
	Form 8886 is used to disclose information for each reportable transaction in which you participated.		
5.	The S corporation filed federal Form 8023 – Elections Under Section 338 for Corporations Making Qualified Stock Purchases with the Internal Revenue Service.		Yes
	Form 8023 is used to report elections under IRC 338 made by a purchasing corporation for a target corporation in a qualified stock purchase (QSP). In the case of a target S corporation acquisition under IRC 338(h)(10), the election must be made by all of the shareholders of a target S corporation, including those who do not sell their stock in the event of a QSP transaction.		
	Complete this section if you made a disbursement to a related party.		
6.	During this tax year, the S corporation made payments to one or more related parties (excluding salary compensation) that exceed \$100,000 per recipient.		Yes
	If your answer is "Yes" to this question, please provide the name and federal employer identification number of each related party below and the amount that you paid to each related		

Name	FEIN	Amount of Payment		
		0.0		
		0.0		
		0.0		

party: